

Draft Vision, Principles, Outcomes and Strategies for Statewide Early Learning Plan

The Department of Early Learning, Office of Superintendent of Public Instruction and Thrive by Five Washington, together with the state Early Learning Advisory Council, are engaged in developing both a long-term Early Learning Plan for our state and recommendations for 2010, which Governor Gregoire has requested. More than 120 early learning and K-12 professionals, stakeholders, parents and policy leaders from across the state have been directly involved in their work. The state Department of Health and Department of Social and Health Services also have been involved throughout the process.

The partners welcome input to make sure that children, families, service providers and educators are clearly reflected in the final documents. This document provides key draft plan elements for comment. Please fill out a comment form or see the survey link on the Department of Early Learning Web site at: <http://www.del.wa.gov/partnerships/elac/elp.aspx>

DRAFT VISION

(Note: The “vision” shows what we want for children and what our work together will look like.)

In Washington, we work together so that all children start life with a solid foundation for success, based on strong families and a world-class early learning system for all children prenatal through third grade. Accessible, accountable, and developmentally and culturally appropriate, our system partners with families to ensure that every child is healthy, capable and confident in school and in life.

DRAFT GUIDING PRINCIPLES FOR DEVELOPMENT OF WASHINGTON'S EARLY LEARNING SYSTEM

(Note: “Guiding principles” state the ideas and values that form the basis for developing the Early Learning Plan. A “system” is a group of elements that stand on their own but that interact and together form a unified whole. The early learning system is the various policies, programs and services for young children and for the adults who care for and teach them. When these elements each work well and align with the other elements, children will have the best chance of reaching their full potential.)

1. Be child-focused and family-centered. Promote meaningful partnerships with parents and families, since they are children’s first teachers.
2. Promote alignment of early learning services and programs as a continuum that is comprehensive, supports whole child development, and is available to all children.
3. Be flexible, culturally responsive, accessible and respectful, and reflect the needs of local communities and individual children.
4. Be developmentally appropriate and, where applicable, evidence based, and address each stage of child development from prenatal through grade 3.
5. Build on strengths—of children, parents, families, providers, programs, communities and prior planning efforts, such as Kids Matter and Washington Learns.
6. Promote high-quality early learning to increase school readiness and success in school and in life.

7. Include professional development and support for early learning and care providers.
8. Promote transparency and accountability in all policies, services and programs.
9. Provide ways to measure progress over time.
10. Identify funding sources and promote adequate financing of the system.
11. Provide for meaningful stakeholder review and comment on the Washington State Early Learning Plan as it is being developed and on the system's performance over time.

OUTCOMES AND STRATEGIES

(Note: "Outcomes" are what we want to be different or better in the future. "Strategies" are what we'll do to reach the outcomes. "Early learning" for the Early Learning Plan includes all learning for a child **through third grade**.)

The following draft outcomes and strategies were developed by four work groups. The tables below show which work group(s) proposed each outcome and strategy. The numbering in the tables below is for reference only.

The top priority in developing this plan has been to address the "preparation gap"—the lack of preparation some children receive, which holds them back from achieving success in school (also called "achievement gap"). This gap continues to be significant for children whose background includes one or more risk factors or who face disparities of opportunity. Effectively addressing this gap is critical to achieving the proposed vision and outcomes. The plan sponsors are committed to paying special attention to addressing the needs of children who face the greatest challenges to achieving success in school. In addition, the strategies will be effective only if they are respectful of, and are implemented within, the child's and the family's cultural context.

Table 1: Draft Outcomes

Work Group/Area	Outcome
CHILD HEALTH AND DEVELOPMENT	1. All children have insurance and receive preventive, comprehensive, physical, oral and behavioral health care, coordinated through a medical home. [C1]
	2. All children receive developmental screening, with referral to early intervention services when indicated. [C2]
	3. A comprehensive child health and development information and referral system is accessible to all pregnant women, parents and caregivers. [C3]
	4. Pregnant women receive health, nutrition and support services to optimize the pregnancy and the health of their newborns. [C4]
	5. Parents and caregivers have the knowledge, skills and appropriate services to promote optimal child health. [C5]
	6. Parents and caregivers have the knowledge, skills and appropriate services to

Work Group/Area	Outcome
	<p>promote optimal child development (including physical, social-emotional, language and cognitive). [C6]</p> <p>7. Children have optimal physical health, mental health, oral health and nutrition. [C7]</p> <p>8. Children are supported to achieve their optimal development (including physical, social-emotional, language and cognitive). [C8]</p>
EARLY CARE AND EDUCATION	<p>9. <u>High-Quality Caregivers and Teachers</u> All caregivers and teachers demonstrate necessary competencies and provide children birth through third grade with developmentally and culturally appropriate early care and educational experiences in healthy and safe environments so that all children are successful in school and in life. [E1]</p> <p>10. <u>Access to High-Quality Programs and Services</u> High-quality early care and education programs are both available and affordable to all families who choose to access them so that all children have the necessary opportunities to be successful in school and in life. [E2]</p> <p>11. <u>Awareness and Commitment</u> The public understands the critical economic and social value of high-quality early care and education for every child from birth through third grade, and actively supports related policies and investments that improve every child's opportunity for success in school and in life. [E3]</p> <p>12. <u>Accountability</u> The early learning system in Washington uses evidence-based proven practices to build high-quality programs for children birth through third grade. [E4]</p>
PARENT AND COMMUNITY PARTNERSHIPS	<p>13. Parent, family and caregiver voice shapes policies and systems. [P1]</p> <p>14. Parents, families and caregivers have access to information, education and support to promote children's learning and healthy development. [P2]</p> <p>15. Parents, families and caregivers understand child development, and act and respond in ways that help children to develop and learn. [P3]</p> <p>16. Communities support families and promote children's learning and healthy development. [P4]</p>
SOCIAL, EMOTIONAL AND MENTAL HEALTH	<p>17. Parents, providers and school staff promote children's optimal social-emotional development, mental health/wellness, relationships and environments. [S1]</p> <p>18. Mental health services and supports for children, parents, providers and school staff are accessible, appropriate and coordinated. [S2]</p>

Work Group/Area	Outcome
	19. Transitions from early childhood settings to school are coordinated, as are other transitions between environments. [S3]
	20. Children have developmentally appropriate social-emotional skills, and demonstrate positive mental health and well being. [S4]

Table 2: Draft Strategies

Area	Strategy
CHILD HEALTH AND DEVELOPMENT STRATEGIES	<p>1. Insurance and Medical Home. Help families understand the importance of preventive care, access insurance, and receive comprehensive physical, oral and mental health care, coordinated through a medical home. [CS1]</p> <p>1a. Ensure access to a Medical Home through the provision of an adequate Medicaid reimbursement rate.</p> <p>1b. Develop and use a streamlined/easy process to determine if a child, once enrolled in Apple Health, has seen a doctor/dentist.</p> <p>1c. Develop and use a streamlined process for determining which providers are accepting Apple Health Coverage.</p>
	<p>2. Early Childhood Oral Health. Improve early childhood oral health through: education of children, families, early learning providers and schools; access to dental services; and care coordination among medical and dental providers. [CS2]</p> <p>2a. Needs Assessment: Increase availability of oral health data for early childhood by continuing to participate and support the Washington State Smile Survey (done every five years) and other oral health needs assessment opportunities.</p> <p>2b. Oral Health Education: Raise the oral health literacy of families, young children and early learning providers with the goal of establishing awareness and behaviors that support a lifetime of good oral and consequently general health.</p> <p>2c. Dental Services: Connect children in early learning environments to oral healthcare providers through the Access to Baby and Child Dentistry (ABCD) program (for Medicaid-eligible children from birth to 6 years) and other resources.</p> <p>2d. Medical Home Oral Health Integration: Deliver dental disease prevention services in medical settings during well-child checks.</p> <p>2e. Care Coordination: Promote coordination of care among medical and dental</p>

Area	Strategy
	providers in order to improve referrals and health outcomes for young children.
<i>Child Health and Development Strategies, cont.</i>	3. Nutrition in Pregnancy and Early Childhood. Optimize nutrition during pregnancy and early childhood by increasing breastfeeding, access to healthy food (e.g., in full-day kindergarten), and food security. [CS5]
	4. Information, Identification and Connections. Build on existing infrastructure (e/g/. coordinated school health) to implement a statewide child health and development system that: provides parents and caregivers with information; identifies children and families who are at risk or have identified concerns; and connects families with community-level resources to meet their needs, so as to optimize child and family outcomes. [CS6]
	5. Developmental Screening. Make available a developmental and mental health screening process that refers children birth through third grade to early intervention and/or special education services when indicated. [CS3, SS5] <i>(Also recommended by the Social, Emotional and Mental Health Work Group)</i>
	6. Health and Mental Health Consultation in Early Learning Settings. Provide coordinated local-state health and mental health consultation and support, coordinated with school health services, to early care and education providers and schools, to optimize child health and development. [CS7, SS3 & SS11] <i>(Also recommended by the Social, Emotional and Mental Health Work Group)</i>
EARLY CARE AND EDUCATION STRATEGIES	7. Early Learning and Development Benchmarks. Revise based on constituent input to promote and use the Washington State Early Learning and Development Benchmarks and their alignment with K-3 education to inform professional standards, and the curriculum used for professional development of early learning providers and K-3 teachers. [ES2]
	8. Voluntary, Universal Pre-Kindergarten. Implement voluntary, universal preschool offered to all 4-year-olds in the definition of basic education, starting with children who need it most (through 185 percent of federal poverty level). As Preschool for All is phased in, prioritize current state and federal funding for at-risk preschool programs (ECEAP and Head Start) for children birth to 3 years. [ES5]
	9. Near-Term Universal Pre-Kindergarten (ECEAP Intensive). Reduce the preparation gap by expanding high-quality, comprehensive Early Childhood Education and Assistance Program (ECEAP) preschool to cover all low-income and at-risk 3 and 4 year-olds not served by Head Start, using a mixed delivery

Area	Strategy
	model that results in positive school readiness outcomes and provides parent choice. [ES6]
<i>Early Care and Education Strategies, cont.</i>	10. Family, Friends and Neighbors (FFN) Care. Design and implement statewide outreach and support for FFN caregivers. [ES7]
	11. Infants and Toddlers. Align, integrate and build a continuum of quality services and programs for birth through third grade specifically to address the achievement gap through implementing comprehensive, voluntary services to promote the healthy development of infants and toddlers from birth through age 3 years, beginning with the most vulnerable, along with support for their families. [ES8]
	12. Health and Social-Emotional Screening and Consultation. Provide health and mental health expertise, including screening and referral, to early learning teachers, programs and staff, and settings birth through third grade, delivered through a coordinated state and local approach, in partnership with coordinated school health. [ES9]
	13. Early Literacy. Incorporate information, training and professional development on effective strategies to enhance early language literacy development with teaching staff and health providers for young children, birth through third grade, and promote these strategies with families so that all children are reading at grade level by the end of third grade. [CS4, ES10] <i>(Also recommended by the Child Health and Development Work Group)</i>
	14. P-20 Longitudinal Data System. Continue the development of a seamless P-20 longitudinal data system that includes information regarding the formal early learning education services and programs that children receive before they enter the K-12 education system. Combine this information with the available data on the children in the K-12 education system to prepare reports and information that will improve instruction and child outcomes in both early learning programs and K-3 classrooms. [ES12]
	15. Registry. Create a comprehensive, integrated registry system that captures early learning and afterschool workforce and professional development data to inform planning, evaluation, quality assurance and accountability. [ES13]
	16. Kindergarten Assessment. Create and implement a Kindergarten Assessment Process that includes information from parents, early learning professionals, history of early learning, and addresses multiple domains of early learning and development. [ES14]

Area	Strategy
<i>Early Care and Education Strategies, cont.</i>	17. Full-Day Kindergarten. Continue the phase-in of full-day kindergarten as part of Basic Education, and coordinate the phase-in with the implementation of universal preschool for 4-year-olds. [ES15]
	18. Public Awareness and Commitment. Strengthen and expand the current public awareness campaigns to deepen the public's understanding, action and support for investments in child development and learning, especially in high-quality environments from birth through third grade. [ES11, PS10] <i>(Also recommended by the Parent and Community Partnerships Work Group)</i>
	19. Home Visiting. Make evidence-based and promising prenatal and child (birth to 3 years) home visitation services more widely available to at-risk families. [ES4, PS6, SS2] <i>(Also recommended by the Parent and Community Partnerships Work Group, and the Social, Emotional and Mental Health Work Group)</i>
	20. Professional Development and Compensation. Implement a comprehensive, statewide, integrated system of preparation and professional development (to include core competencies across child development) for professionals and teachers working with families and children birth through third grade, that includes: professional standards, career pathways to degrees and P-3 endorsements, college credit articulation, experience equivalency, integrated professional registry, and financial support and incentives so that professionals can obtain education and ongoing development, with fair compensation for attaining additional education and development. [ES1, SS7] <i>(Also recommended by the Social, Emotional and Mental Health Work Group)</i>
	21. Quality Rating and Improvement System (QRIS). Fully fund and implement a Quality Rating and Improvement System (QRIS) so that early learning and school-age providers have the support and resources necessary to improve the quality of their programs and environments, and so that parents and families have the necessary consumer education to choose high-quality programs for their children. Include "young children (birth to 5 years) with disabilities" as a program quality indicator. [ES3, SS8] <i>(Also recommended by the Social, Emotional and Mental Health Work Group)</i>
PARENT AND COMMUNITY PARTNERSHIP STRATEGIES	22. Parent Leadership. Use proven and promising models to identify and nurture parent leaders to advocate for families. [PS1]
	23. Parent Participation. Create formalized pathways for diverse parents and caregivers to participate in early learning program and system design and in

Area	Strategy
	shaping early learning policy. [PS2]
<i>Parent and Community Partnerships Strategies, cont.</i>	24. Meaningful Conversation. Use community cafés as a means for parents, families, and caregivers to connect around topics relevant to them, including child development, family and child well-being, and early learning opportunities. [PS3]
	25. Access to Resources. Identify, develop and promote well-known and accepted places and methods for parents, families and caregivers to easily access culturally-competent, language-available, affordable information and support. [PS4]
	26. Parenting Learning Opportunities. Provide learning opportunities and peer supports that provide child development and parenting guidance in diverse and parent-friendly venues. [PS7]
	27. Parenting Education Practices. Integrate parenting education and engagement best practices into professional development for early learning partners working with children birth through third grade and their families. [PS8]
	28. Partnerships and Mobilization. Build state-level infrastructure, strengthen partnerships, build capacity, broaden reach, and focus local early learning mobilization efforts. [PS9]
	29. Engaging Leaders. Engage local leaders in fostering communities that support children's learning and healthy development. [PS11]
	30. Family Strengthening. Fund and support programs and strategies that strengthen families, and foster development of supportive relationships among parents, families, caregivers/ FFN and schools. [PS5, SS10] <i>(Also recommended by the Social, Emotional and Mental Health Work Group)</i>
SOCIAL, EMOTIONAL AND MENTAL HEALTH STRATEGIES	31. Access to Mental Health Services – Assessment and Diagnosis. Develop capacity statewide for developmentally appropriate relationship-based mental health assessments for children under 6. [SS1a]
	32. Access to Mental Health Services – Access to Care. Develop access to care standards for public mental health providers and Apple Health providers that are developmentally appropriate for young children. [SS1b]
	33. Access to Mental Health Services – Availability. Increase the availability of developmentally appropriate mental health treatment services for young children. [SS1c]

Area	Strategy
<i>Social, Emotional and Mental Health Strategies, cont.</i>	34. Part C – Adding At-Risk. Amend DSHS/ITEIP policy to include serving children, birth to 3 years, identified as at risk of developmental delay, based upon established risk categories (i.e., serving foster care, level of prematurity, etc.). Amend Medicaid State Plan to include payment for developmental therapy to support IDEA, Part C service provision for existing and new population. [SS4]
	35. Social-Emotional Learning – Parents, Caregivers, School Staff. Ensure parents, other caregivers and school staff have access to opportunities for deepening personal knowledge and understanding of social and emotional development, social and emotional learning skills, nurturing early relationships, and mental health. [SS6a]
	36. Social-Emotional Learning – Children. Ensure that a continuum of skills development and support are available to every child within all preK-12 public school settings. [SS6b]
	37. Compassionate Schools/Complex Trauma. Work to ensure that parents, caregivers, child care and home visiting staff, Center Directors, school principals and primary teachers implement strategies to reduce effects of complex trauma and adverse childhood experiences for children birth through third grade. [SS9]
	38. Maternal Mood Disorder. Increase the number of women who are screened for maternal mood disorders, and improve access and increase referral pathways between primary care and allied mental health services for women and their families experiencing postpartum mood disorders. [SS12]